

10-10-06

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or **Fax** (571)-273-2885

OCT 06 2006

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below. Otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

30031 7590 07/25/2006

MICHAEL W. HAAS, INTELLECTUAL PROPERTY COUNSEL
 RESPIRONICS, INC.
 1010 MURRY RIDGE LANE
 MURRYSVILLE, PA 15668

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Michael W. Haas (Depositor's name)
 Michael W. Haas (Signature)
 October 6, 2006 (Date)

Express Mail Label No. EV 196253681 US

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,497	08/25/2003	Patrick W. Truitt	99-03 C1	2372

TITLE OF INVENTION: PRESSURE SUPPORT SYSTEM AND METHOD AND A PRESSURE CONTROL VALVE FOR USE IN SUCH A SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/25/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS				
PATEL, NIHIR B	3743	128-204180				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael W. Haas

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RIC Investments, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilmington, Delaware, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0558 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Michael W. Haas

Date

October 6, 2006

Typed or printed name

Michael W. Haas

Registration No.

35,174

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Mail Stop Issue Fee		Application Number	10/647,497
TRANSMITTAL FORM (To be used for all correspondence after initial filing)		Filing Date	August 25, 2003
		Confirmation Number	2372
		Inventor(s)	TRUITT et al.
		Group Art Unit	3743
Express Mail Label No.: EV 196253681 US		Examiner	Patel, M.
Total Number of Pages in This Submission:	7	Attorney Docket No.	99-03 C1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input checked="" type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input checked="" type="checkbox"/> Fee Attached \$ 1,700.00	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: 410282	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input type="checkbox"/> Other Enclosure(s): _____	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

Current Due Date: October 25, 2006

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	October 6, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>October 6, 2006</u> , Express Mail Label No. <u>EV 196253681 US</u> .			
Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	October 6, 2006

**FEE TRANSMITTAL**

(Effective 12/08/2004)

"Express Mail" Label No. EV 196253681 US

TOTAL AMOUNT OF PAYMENT \$ 1,700.00

Application Number 10/647,497

Filing Date August 25, 2006

First Named Inventor TRUITT et al.

Confirmation Number 2372

Group Art Unit 3743

Examiner's Name Patel, M.

Attorney Docket No. 99-03 C1

METHOD OF PAYMENT1. ☒

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number
Deposit Account Name

50-0558

Respironics, Inc.

☒

Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20

☐

Charge the Issue Fee set forth in 37 C.F.R. § 1.18

2. ☒ Payment Enclosed:

Check (Check No. 410282)

FEE CALCULATION (fees effective 12/08/2004)**1. BASIC FILING, SEARCH, AND EXAM FEES**

(Large Entity Only)

Appl. Type	Filing Fee(\$)	Search Fee(\$)	Exam Fee(\$)	Fees Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

SUBTOTAL (1) \$ 0.00**2. CLAIMS**

	Extra Claims	Fee from Below	Fee Paid
Total Claims	—	— * — x 50 =	
Ind. Claims	—	— * — x 200 =	
Multiple Dependent Claims add		360 =	

* Enter Highest Number Previous Paid For

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim
1204 200	2204 100	Reissue independent claims over original patent
1205 50	2205 25	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00**FEE CALCULATION (continued)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 fraction thereof	Fee(\$)	Fee Paid(\$)
—	—	—	—	—

— -100 = — /50 = — (round up to a whole number) X 250 = 0.00

4. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or declaration	
1811	100	1811	100	Certificate of Correction	
1812	2,520	1812	2,520	For filing a request for reexamination	
576	25	576	25	Additional filing receipt, duplicate or corrected due to applicant error	
1251	120	2251	60	Extension for response within first month	
1252	450	2252	225	Extension for response within second month	
1253	1,020	2253	510	Extension for response within third month	
1254	1,590	2254	795	Extension for response within fourth month	
1255	2,160	2255	1,080	Extension for response within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1452	500	2452	250	Petition to revive unavoidably abandoned application	
1453	1,500	2453	750	Petition to revive unintentionally abandoned application	
1501	1,400	2501	700	Utility issue fee (or reissue)	1,400.00
1502	800	2502	400	Design issue fee	
1814	130	2814	65	Statutory Disclaimer	
1460	130	1460	130	Petitions to the Director	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of property)	
1801	790	2801	395	Request for Continued Examination	
1504	300	1504	300	Publication Fee	300.00

Other Fee (specify) _____

SUBTOTAL (3) \$ 1,700.00**SUBMITTED BY**

Typed or Printed Name	Michael W. Haas	Reg. Number	35,174
Signature		Date	October 6, 2006
		Deposit Account Number	50-0558



Certificate of Mailing by "Express Mail"

EV 196253681 US

"Express Mail" label number

October 6, 2006

Date of Deposit

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to:

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION of

Inventor : TRUITT et al.
Appln. No. : 10/647,497
Conf. No.: : 2372
Filed: : August 25, 2003
Title: : PRESSURE SUPPORT SYSTEM AND METHOD AND A
PRESSURE CONTROL VALVE FOR USE IN SUCH A
SYSTEM AND MEHTOD

Group Art Unit : 3743
Examiner : Patel, M.
Docket No. : 99-03 C1

* * * * *

October 6, 2006

PAYMENT OF ISSUE FEE

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Sir:

Enclosed herewith are the following for filing in connection with the above-identified U.S. patent application:


- 1) A completed Issue Fee Transmittal Form - PTOL 85(b)(1 page);
- 2) Check No. 410282 in the amount of \$1,700.00;
- 3) Fee Transmittal Form (1 page, 2 copies);

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on October 6, 2006 with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Express Mail Label No. EV 196253681 US.


Michael W. Haas, Reg. No. 35,174

TRUITT et al. -- Appln. No.: 10/647,497

- 4) Transmittal Form (1 page); and
- 5) Certificate of Mailing by Express Mail (1 page, Express Mail Label No. EV 196253681 US).

As noted in the Fee Transmittal Form submitted herewith, the Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 50-0558.

Respectfully submitted,

By 

Michael W. Haas

Reg. No.: 35,174

Tel. No.: (724) 387-5026

Fax No.: (724) 387-5021

RESPIRONICS, INC.
1010 Murry Ridge Lane
Murrysville PA, 15668